ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED
Registered office: No. 21, Patullos Road, Chennai- 600 002

Corporate Office: Vishranthi Melaram Towers, No. 2/319,

Rajiv Gandhi Salai (OMR), Karapakkam, Chennai- 600 097

Group Bharat Yatra Suraksha, Royal Sundaram General Insurance Co. Limited.

PROPOSAL FORM

Intermediary Name	-	Intermediary Code	-
Branch Name	-	Branch Code	-
Proposal received on	-		
Processed By	- Date DD MM YYYY	Approved By	
Customer ID	-		

Guidelines for Completion of the Form (To be filled by Proposer)

Please answer all the questions fully and correctly. This proposal will be the basis of any insurance policy that We may issue. You must disclose all facts relevant to all persons proposed to be insured that may affect our decision to issue a policy or its price, terms, conditions and exclusions. The policy shall become void at our sole discretion, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or any one acting on his behalf.

If there is insufficient space for you to provide information whether as requested or otherwise, please attach a separate sheet. If you are in any doubt, please seek the help of our company representative or your insurance advisor. If We accept a proposal for insurance, it shall be subject to the Policy terms and conditions and We shall have no liability to make any payment under the Policy if premium is not received by Us in full and in time,

Please fill up this form in CAPITAL LETTERS for yourself and each proposed Insured Person.

Proposer Details:
Group Manager Name - First Name_____ Middle Name _____ Last Name _____
Type of Entity
PAN Number (Mandatory)- -
Address -
Phone No.STD Code_____Landline No_____ Mobile No._____ (Mandatory)

E-Mail (Mandatory) -

Electronic Insurance Account number

Would you like to open an Electronic Insurance Account with any Insurance Repository? YES NO

If yes, please select anyone Insurance Repository*

☐ NSDL National Insurance Repository (NIR) ☐ CDSL Insurance Repository Limited

☐ Karvy Insurance Repository Limited ☐ CAMS Insurance Repository Services Limited

*Account will be opened with your Name/DOB/Address as mentioned in this proposal form.

ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

Proposal Form
Group Bharat Yatra Suraksha, Royal Sundaram General Insurance Co. Limited.

If you already have an Electronic Insurance Account, please select and share the below details:

Account Number _____ Account Name _____

☐ NSDL National Insurance Repository (NIR) ☐ CDSL Insurance Repository Limited

☐ Karvy Insurance Repository Limited ☐ CAMS Insurance Repository Services Limited

Coverage Selection:

1. **Plan details**

Policy Type---------- Individual --------Family Cover

Note:Proposer aged above 18 yrs, can only propose for insured.

2. **Plan Name :**
   - ☐ Plan A (Coverage for travel through Taxi Cab/bus within 100 Kms)
   - ☐ Plan B (Coverage for travel through Taxi Cab/Bus More than 100 Kms)
   - ☐ Plan C (Coverage for Train Travel (Only for Reserved tickets))
   - ☐ Plan D (Coverage for Air travel)
   - ☐ Plan E (Domestic Trips involving travel through any one or multiple modes of common carrier such as Taxi Cab, Bus, Train, Ship or Air travel)

3. Policy Start Date/Date of Departure
   | | | | | | | | | | | |
   Policy End Date (For Plan E)
   | | | | | | | | | | | |

4. Place of Origin: _____

5. Place of Destination: _____

6. **Mandatory Benefits and Sum insured (in multiples of Rs. 50,000 only):**
   1. **Hospitalization expenses due to Accident _____ (Maximum of Rs.10lakhs only)**
      Sum insured option in (Rs.) - 1 Lakh/1.5 Lakhs/2 Lakhs/2.5 Lakhs/3 Lakhs/3.5 Lakhs/ 4 Lakhs/ 4.5 Lakhs/ 5 Lakhs/ 6 Lakhs/7lakhs, 8 Lakhs/9 Lakhs/10 Lakhs
   2. ***Accidental Death(AD), Permanent Total Disability(PTD), Permanent Partial disability (PPD) _____(Maximum of Rs.1crore)**
      Sum insured option in (Rs.) - 1 Lakh/ 2 Lakhs/ 3 Lakhs/ 4 Lakhs/ 5 Lakhs/ 6 Lakhs/ 7 Lakhs/ 8 Lakhs/ 9 Lakhs/ 10 Lakhs/ 11 Lakhs/ 12 Lakhs/ 13 Lakhs/ 14 Lakhs/ 15 Lakhs/ 16 Lakhs/ 17 Lakhs/ 18 Lakhs/ 19 Lakhs/ 20 Lakhs/ 25 Lakhs/ 30 Lakhs/ 35 Lakhs/ 40 Lakhs/ 45 Lakhs/ 50 Lakhs/ 55 Lakhs/ 60 Lakhs/ 65 Lakhs/ 70 Lakhs/ 75 Lakhs/ 80 Lakhs/ 85 Lakhs/ 90 Lakhs/ 95 Lakhs/ 1 Crore.
   3. **Repatriation of Mortal remains _____ (Maximum of Rs.1lakh only)**

      Rs.20000/ Rs.30000/ Rs.40000/Rs.50000/ Rs.75000/Rs. 1 Lakh

***Please tick- please confirm that your Income is 5 times of Sum Insured in case Sum Insured opted by you is upto Rs. 50 lakhs and your Income is 8 times of Sum Insured if Sum Insured opted is more than 50 lakhs.**

7. Optional Benefits and Sum insured:

☐ Compassionate Allowance _____(Maximum of Rs.1lakh only) –

Sum insured options - Rs.10000/ Rs.20000/ Rs.30000/ Rs.40000/ Rs.50000/Rs.75000/ Rs.1 Lakh

☐ Missed Flight Connection _____(Maximum of Rs.50,000 only)

Sum insured options - Rs. 2500/Rs.5000/ Rs.7500/ Rs.10000/ Rs.15000/Rs.20000/ Rs.25000/ Rs.30000/ Rs.35000/ Rs.40000/ Rs.45000/ Rs.50000

☐ Loss of checked-in Baggage (applicable only for air travel) _____(Maximum of Rs.20,000)

Sum insured options – Rs.2000/ Rs.3000/Rs.4000/Rs.5000/Rs.7500/Rs.10000/Rs.15000/Rs.20000.

☐ Trip Delay (applicable only for air travel) (beyond 3 hour) _____(Maximum of Rs.5000 only)

Sum insured options – Rs.500/ Rs.1000/Rs.1500/Rs.2000/Rs.3000/Rs.4000/Rs.5000

☐ Carrier Cancellation (applicable only for air travel)_____(Maximum of Rs.50,000 only)

Sum insured options – Rs.2500/ Rs.5000/ Rs.7500/ Rs.10000/ Rs.15000/ Rs.20000/ Rs.25000/ Rs.30000/Rs.35000/Rs.40000/Rs.45000/Rs.50000.

☐ Trip cancellation & Interruption _____(Maximum of Rs.1,00,000 only)

Sum insured options – Rs.20000/Rs.25000/Rs.30000/Rs.35000/Rs.40000/Rs.50000/Rs.60000/ Rs.70000/Rs.80000/Rs.90000/ Rs.1 Lakh

8. Insured Details:

No of members proposed to be covered

Existing Insurer

Claims experience

Important Conditions:

1. Caution

You are obliged to make a full and frank disclosure of all facts material to the assumption of risk in relation to you and every person proposed to be insured that would influence our decision to issue policy or the terms on which it is issued and you must not misrepresent any information to us. The obligation continues until the policy is issued and does not end with the submission of this proposal form. If therefore, there is any change in the information given herein or new information comes to light before the policy is issued, then you must inform us of the same in writing without delay. If there is insufficient space to provide additional information, whether as requested or otherwise, then please attach an extra sheet duly signed. If the disclosure obligations are breached then may render any policy issued void.

2. Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing)

☐ I hereby consent that the policy documents may be sent to me by email at _____ (*Please provide us your e-mail id)*

 I hereby consent to and authorize Royal Sundaram General Insurance Co. Limited (" Company") to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time. (including social media like whats app)

Dated DD MM YYYY

Signature of the Proposer_____

Place_____

Name of Proposer_____

3. Declaration

___I declare that persons proposed for policy include my family members only and they are not engaged in any high risk occupation. I have given explicit information of instances of pre existing diseases and understand that such pre – existing medical conditions will not be covered under the policy.

__I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.

__ I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.

__I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company

__I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be insured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

__I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Government and/or Regulatory authority.

_____I/We undertake that the loadings applicable have been informed and understood by me.

_____I understand that at the time of claim, i shall produce the proof for annual income.

Dated DD MM YYYY

Signature of the Proposer_____

Place_____

Name of Proposer_____

4. Vernacular Declaration

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the health insurance from Royal Sundaram General Insurance Co. Limited to the proposer in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the proposer and the replies have been read out to fully understood and confirmed by the proposer.

Declarants Name_____

Relationship with proposer _____

Signature of declarant_____ Signature of applicant in vernacular_____

5. Payment Details

Premium Amount_____ (in Words _____)

Payment Option ---Cheque ---Demand Draft ---Credit/Debit Card ---Cash*

(Pan Number is mandatory)

Payment options: . ___Single

a) For Cheque/DD (Payable in favour of 'Royal Sundaram General Insurance Co. Ltd)

Instrument No _____ Instrument Date _____ Instrument Amount _____

Bank Name _____

b) For Credit/Debit Card

Card No _____ Expiry Date _____ Card Type: Visa/Master/Amex

Name on the Card _____

Opt for Auto Renewal___Yes ___No (If yes, please fill the ECS Mandate Form)

6. Bank Account Details

For payment of claims/refund through direct bank transfer, please provide the following details: (please enclose a cancelled cheque along with the proposal form)

Account Number: _____

IFSC/MICR Code: _____

Name of the Bank: _____

Account Holder Name: _____

Acknowledgment

Proposal form No. Date DD MM YYYY

We acknowledge with thanks the receipt of your proposal and amount by Cash/Cheque/Demand Draft/ Others---------- of amount of Rs.----------dated ----------drawn on----------.

Neither the submission to us of a completed proposal for Insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in out sole and absolute discretion. If we accept a proposal for Insurance, it shall be subject to the policy terms and conditions and we shall have no liability whatsoever if premium is not received by us in full (in line with mode of payment opted by you) and in time or is not realized. I we do not accept the proposal, we will inform you and refund the payment, if any, received from you without interest.

Signature of the receiver and office seal

Intermediary Declaration

I, _____(Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the Company shall have the right to vary the benefits which may be payable and furthermore, if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date DD MM YYYY Signature of the Insurance Advisor

STATUTORY WARNING AS PER SECTION 41 OF THE INSURANCE ACT, 1938

PROHIBITION OF REBATES

Payment of rebates is expressly prohibited under Section 41 of the Insurance Act, 1938

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.

2. Any person making default in complying with the provisions of this Section shall be punishable with fine, which may extend to Ten Lakhs Rupees.

Royal Sundaram General Insurance Co. Limited
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Registered Office: No. 21, Patullos Road, Chennai - 600002
www.royalsundaram.in
Insurance is a subject matter of solicitation